

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(c) Name of hospital or institution Bothwell Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Louis A. Kipping

3. (b) If veteran,

3. (c) Social Security

name war

No.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Margaret Kipping 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec 18-8
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Fred Kipping
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Martha Schmueler
15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Kipping
(b) Address Smithton, Mo.

17. (a) Burial (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mrs. L. Kipping
(b) Address Smithton, Mo.

19. (a) 7/23/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 9 minute M.
21. I hereby certify that I attended the deceased from March
1941 to July 22 1941
that I last saw him alive on July 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder
Duration

Due to 62
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Bladder
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Sney (M. D. or other) D
Address Smithton, Mo. Date signed 7-23-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-6-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert H. Reed
Licensed Embalmer No. 3745
P. O. Address Sealala

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.